

Notice: Information requested on this form is required by the Department when applying for a reimbursement of eligible expenses. The Department will not consider your payment request unless you complete and submit this form.

Instructions: Itemize all project expenses, including donated labor, and attach photocopies of proof of expenses and payments for each item listed. See reverse for instructions. Submit with Grant Payment Request, Form 8700-001F, to the Bureau of Community Financial Assistance.

Project Sponsor Name
Grant Number:

Eligible Project Cost	Date Expense Incurred	Invoice #	Proof of Payment #	Payee	Amount Paid	Amount Donated	Comments or Qualifying Remarks
Fair Market Value (from Appraisal)							
Cost of Appraisal							
Cost of Land Survey (if applicable)							
Displaced Person Relocation Payment (if applicable)							
Title Evidence							
GAP Insurance (if applicable)							
Recording fee(s)							
Initial Signage posting of Property (cannot exceed \$2000)							
Attorney Fees for DNR-required Reviews (cannot exceed \$2000)							
Historical & Cultural Assessments (if required by DNR)							
Environmental Inspections & Assessments by Professional Environmental Consultant (if applicable)							

Grant Begin Date	Grant End Date		Paid Subtotal	Donated Subtotal	TOTAL PROJECT COSTS
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WORKSHEET INSTRUCTIONS

Grant Payment Worksheet
County Forest Stewardship Land Acquisition Program
Form 8700-002F

Date Expense Incurred: Date of invoice, purchase, or service rendered.

- Costs incurred prior to the beginning date or after the ending date of the grant agreement are not eligible for reimbursement.

Invoice #: Number on vendor invoice or bill associated with the purchase or service.

- Combined Costs: If an invoice combines costs for multiple grants or expenses, identify and explain specific costs associated with each grant expense. Attach a copy of this invoice, as well as proof of payment identified below. Attach additional page if necessary.

Proof of Payment #: Number on check or money order used to pay the expense. If no proof of payment number, leave blank.

Examples: Closing statements, canceled checks, County payroll vouchers; Credit Card statements. For donated expenses include documentation showing volunteer name, type of work, hours worked, pay rate and totals.

Payee: Name of individual, consultant, contractor, vendor, supplier, etc. to whom payment was made.

Amount Paid: The amount of the project cost expense paid by County.

Amount Donated: The amount of the project cost expense that was donated to the County.

Comments or Qualifying remarks: Enter as needed to explain entries in other columns.